



Patient Safety Friendly Hospital Initiative

Purpose

- n Implementation of a set of patient safety standards in hospitals
- n Providing a framework for hospitals to enable them to deliver safer patient care by assessing hospitals from a patient safety perspective, building capacity of staff regarding patient safety and involving consumers in improving health and safety

Standards

- n 5 Domains

- n 24 subdomains

- n A set of standard

- n Critical standards (20 in Total)

- n Core (90 in total)

- n Development standards (30 in total)

Domains	Subdomains	Critical	Core	Developmental
Leadership and Management	6	9	20	7
Patient and Public Involvement	7	2	16	10
Safe Evidence based Clinical Practices	6	7	29	8
Safe Environment	2	2	19	0
Lifelong Learning	3	0	6	5
	24	20	90	30

Standards

- n **Critical:** compulsory for enrolment for PSFHI
- n **Core:** a minimum set of standards as a safe place for patients (not compulsory to meet 100% for enrolment as PSFHI)
 - n % shows the level of hospital attains
- n **Developmental:** requirements for enhancement of patient safety

Format of patient safety standards

- n **Title:** the area it covers
- n **Measurement statement:** details of the standard
- n **Rationale:** explaining why the specific standard was selected
- n **Standard:** requirements to comply with the WHO patient safety standards

Level of compliance with patient safety standards

Hospital level	Critical	Core	Developmental
Level 1	100%	Any	Any
Level 2	100%	60-89%	Any
Level 3	100%	= or > 90%	Any
Level 4	100%	= or > 90%	= or > 80%

Domain A

n Leadership and Management

A. Leadership and Management Standards

A.1. Leadership and Governance Commitment to patient safety

A.2. Hospitals' Patient Safety Program

A.3. Use of data for Safety Performance Improvement

A.4. The hospital has essential functioning equipment and supplies to deliver its services

A.5. Safer Staff for safer patients around the clock to deliver safe care

A.6. Policies, guidelines and standard operation procedure (SOP) for all departments and supporting services

A.	Critical Criteria	Core Criteria	Developmental Criteria
A.1.	3	3	2
A.2.	2	5	2
A.3.	0	2	2
A.4.	3	3	1
A.5.	1	5	0
A.6.	0	2	0
	9	20	7

A.1. Leadership and Governance

Measurement Statement: The Leadership and Governance are committed to patient safety.

A.1. Rationale:

The hospital's governance is accountable for assuring the safety of its patients. The necessary processes are in place and a non-blaming learning culture is established and maintained.

A.1. Critical Criteria

- A.1.1.1. The hospital has Patient Safety as a strategic priority. This patient safety strategy is being implemented through a detailed action plan.**
- A.1.1.2. Hospital has designated a senior staff member with responsibility, accountability and authority for patient safety.**
- A.1.1.3. The leadership conducts regular Patient Safety Executive Walk to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.**

A.1. Core Criteria

A.1.2.1. The hospital has an annual budget for patient safety activities based on a detailed action plan.

A.1.2.2. The leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence.

A.1.2.3. The hospital follows a code of ethics, for example in relationship to research, resuscitation, consent, confidentiality, relations to industry.

A.1. Developmental Criteria

A.1.3.1. There is an open, non punitive, none blaming, learning and continuous improvement patient safety culture at all levels of the hospital.

A.1.3.2. The leadership assesses staff attitudes towards patient safety culture regularly.

A.2. Patient Safety Program

Measurement Statement: The hospital has a Patient Safety Program.

A.2. Rationale

The hospital has systems to identify and manage safety issues that can cause harm to patients.

A.2. Critical Criteria

**A.2.1.1. A designated person should co-ordinate patient safety and risk management activities.
(middle management)**

A.2.1.2. The hospital conducts regular monthly morbidity and mortality meetings.

A.2. Core Criteria

A.2.2.1. Patient Safety is reflected in hospital's organizational structure.

A.2.2.2. Risk is managed reactively.

A.2.2.3. The hospital audits its safety practices on a regular basis.

A.2.2.4. The hospital has multidisciplinary Patient Safety Internal Body (PSIB) which meet regularly to ensure an overarching patient safety program.

A.2.2.5. The hospital regularly develops reports on different patient safety activities and disseminates it internally.

A.2. Developmental Criteria

A.2.3.1. The hospital regularly develops reports on different patient safety activities and disseminates it externally.

A.2.3.2. Risk is managed proactively.

A.3. Data to improve Safety Performance

Measurement Statement: The hospital uses data to improve safety performance.

A.3. Rationale

The hospital insures valid and reliable data to compare its safety performance to internal and external benchmarks.

A.3. Core Criteria

A.3.2.1. The hospital sets and reviews targets related to patient safety goals.

A.3.2.2. The hospital has a set of process and output measures that assess performance with a special focus on patient safety.

A.3. Developmental Criteria

A.3.3.1. Hospitals should seek to compare their process and outcome indicator data with other PSFHs.

A.3.3.2. The hospital acts on benchmarking results through action plan and patient safety improvement projects.

A.4. Equipment and Supplies

Measurement Statement: The hospital has essential functioning equipment and supplies to deliver its services.

A.4. Rationale

The hospital ensures continuous availability of essential functioning equipment and supplies to ensure the delivery of safe, quality service.

A.4. Critical Criteria

A.4.1.1. The hospital ensures availability of essential equipment.

A.4.1.2. The hospital ensures that all reusable medical devices are properly decontaminated prior to use.

A.4.1.3. The hospital has sufficient supplies to ensure prompt decontamination and sterilization.

A.4. Core Criteria

A.4.2.1. The hospital undertakes regular preventative maintenance for equipment including calibration.

A.4.2.2. The hospital undertakes regular repair or replacement of broken (malfunctioning) equipment.

A.4.2.3. The hospital ensures staff receive appropriate training for available equipment.

A.4. Developmental Criteria

A.4.3.1. The hospital makes appropriate and safe use of smart pumps for fluid and drug delivery.

A.5. Technically competent staff for safer patients

Measurement Statement: The hospital has technically competent staff for safer patients round the clock to deliver safe care.

A.5. Critical Criteria

A.5.1.1. Qualified clinical staff, both permanent and temporary, are registered to practice with an appropriate body.

A.5. Core Criteria

- A.5.2.1. Clinical staffing levels should reflect patient needs at all times.**
- A.5.2.2. Sufficient, trained and appropriate non-clinical support staff should be available to meet patient needs.**
- A.5.2.3. Staff should be allowed sufficient rest breaks to practice safely and adhere to national labor laws.**
- A.5.2.4. Students and trainees should work within their competencies and under appropriate supervision.**
- A.5.2.5. An occupational health program is implemented for all staff.**

A.6. Policies, Guidelines, Standard Operating Procedure (SOP)

Measurement Statement: Hospital has policies, guidelines, and standard operating procedure (SOP) for all departments and supporting services.

A.6. Rationale

The hospital has policies and standard operating procedures to ensure delivery of standardized safe care.

A.6. Core Criteria

A.6.2.1. The hospital has policies and procedures for all departments and services.

A.6.2.2. The hospital provides evidence of implementation of policies, guidelines and SOPs.

